

**MULTIPLE (DENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/519303

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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